

Natural Recovery (Self-Change): Findings and Clinical Implications

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If You Try to Stop Without Treatment You Will Die!



Robert L. Dupont, 1993

Addiction is a malignant disease of the whole self and ultimately of the family and community. Addiction is not self-curing. Left alone addiction only gets worse, leading to total degradation, to prison, and ultimately to death. (p. xi-xii)

V. E. Johnson, 1980

Alcoholism is a fatal disease, 100% fatal. We estimate that 10% of drinkers in America will become alcoholic, and that these people will not be able to stop drinking by themselves. They are forced to seek help; and when they don't, they perish miserably. (p. 1)

**Institute of Medicine
(1990)**

**“Improvement with formal treatment
is not a minor or insignificant
phenomenon.”**

**American Psychiatric Association
(1994)**

**“Some individuals (perhaps 20% or
more) with alcohol dependence
achieve long-term sobriety even
without active treatment.”**

Value of Studying Natural Recoveries

- We cannot understand the natural history of alcoholism by drawing samples from clinic populations.

Vaillant & Milofsky, 1984, p. 53

- Despite a growing body of evidence about the effectiveness of alcohol treatment, **only a small minority of people with alcohol problems ever seeks and engages in treatment.** A recent national survey in the U.S. found that only 16% of those with an alcohol use disorder (AUD) had received any treatment in 2001.

Frontlines: Linking alcohol services research & practice, 2003, p.1, NIAAA

Value of Studying Natural Recoveries

- **Addiction looks very different if you study it in a general population than if you study it in treated cases.**

Robins, 1993, p. 1051

- **Way ahead in alcoholism treatment research should be to embrace more closely the study of 'natural forces' that can then be captured and exploited by planned interventions.**

- **Orford & Edwards, 1977, p.3**

Major Natural Recovery Studies

- Today over 100 published studies of process of self-change

Klingemann, H., Sobell, L. C., et al. (2001). *Promoting self-change from problem substance use: Practical implications for policy, prevention, and treatment*. Netherlands: Kluwer

- **Dr. Benjamin Rush**, a signer of the Declaration of Independence, described several cases of natural recoveries from alcohol problems in **1814**
- **Early Classic Pioneering Studies ('60s-'70s)**: Winick, Vaillant, Tuchfeld, Rozien, Fillmore, Robins
- **Different Types of Natural Recovery Studies**
 - ✓ Longitudinal studies (Cahalan, Hasin, Vaillant)
 - ✓ Population surveys (Canadian National Survey)
 - ✓ Convenience samples (Sobell, Tucker, Klingemann)
 - ✓ Cross-cultural comparisons (Sobell & Klingemann)

Natural Recovery Studies From Alcohol and Drug Problems Increasing

(Sobell, et al., *Addictions*, 2000)

- **Strict inclusion criteria: 1960 - 1997 = 38 studies**
- **# respondents: mean = 141; median = 43**
- **Advertisements = 40%; Females = 30%**
- **Mean recovery = 6 1/3 yrs; Mean problem = 11 yrs**
- **Where: 59% US, 19% Europe, 16% Canada**
- **Substance studied: 75% alcohol; 22.5% heroin; 7.5% cocaine; 2.5% marijuana**
- **Recovery status: Alcohol 40.3% low-risk drinking; Drugs: 14.5% limited drug use**
- **Studies increasing: 53% published past 8 years**

Research on the Self-Change Process: What Have We Learned?

- **Understand what drives and maintains self-change process**
- **Better understanding why people avoid seeking treatment**
- **Explored similarities and differences across substances and countries**
- **Development of large scale community interventions to facilitate self-change**

Results From Several Selected Recent Natural Recovery Studies

General Population Surveys

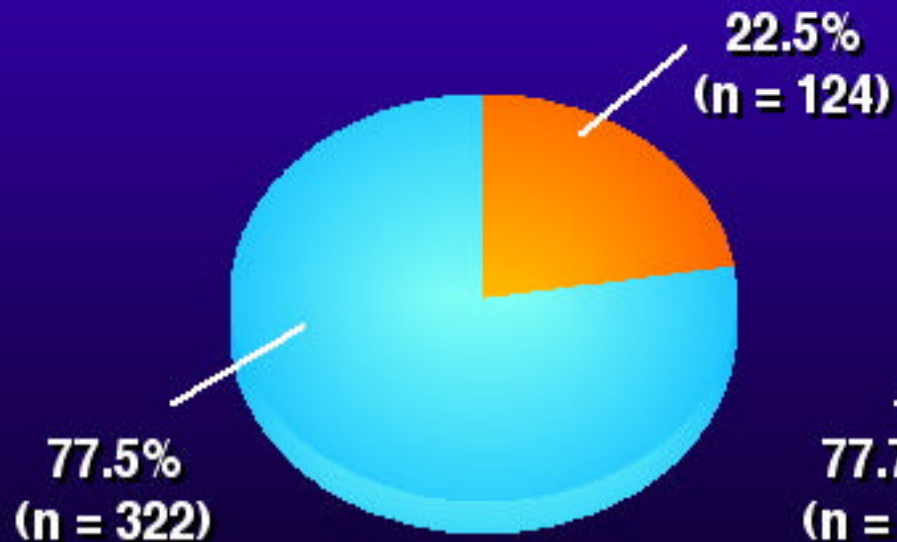
- **1989 Canadian National Alcohol & Drug Survey**
N = 11,634
- **1993 Ontario Alcohol and Drug Opinions Survey**
N = 1,034

Survey Inclusion Criteria and Definition of Recovery

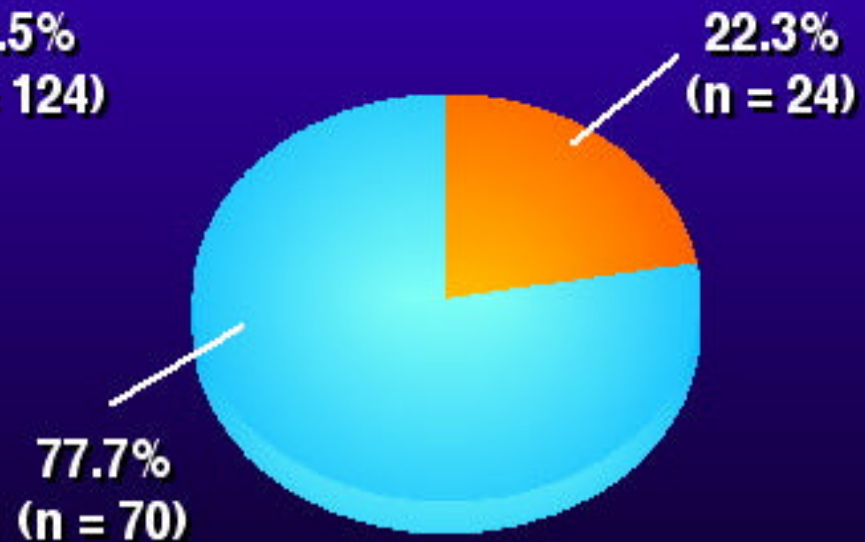
- Minimum 1 year recovery
- No postrecovery alcohol consequences
- No treatment: **no therapist, agency, AA, other self-help group, clergy, physicians**
- Moderate drinking
 - Males: **≤ 3 drinks/drinking day**
 - Females: **≤ 2 drinks/drinking day**

No Treatment vs. Treatment

National Survey
(N = 446)



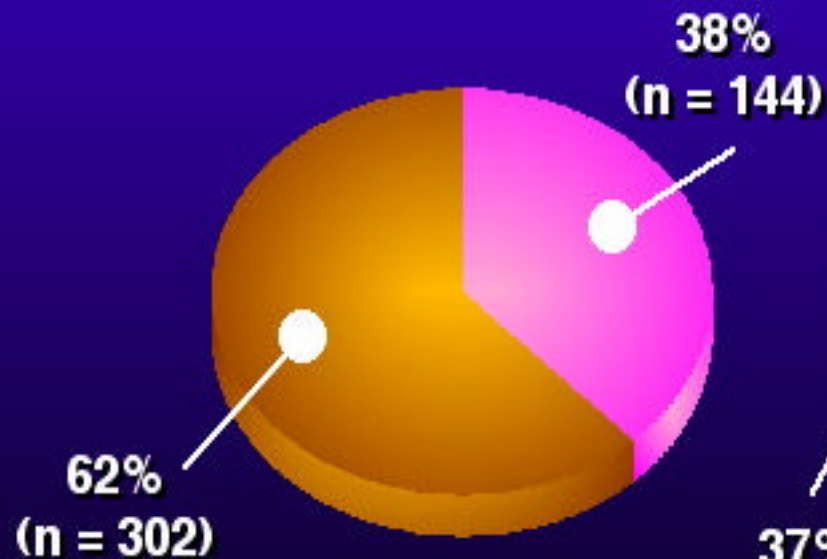
Ontario Survey
(N = 94)



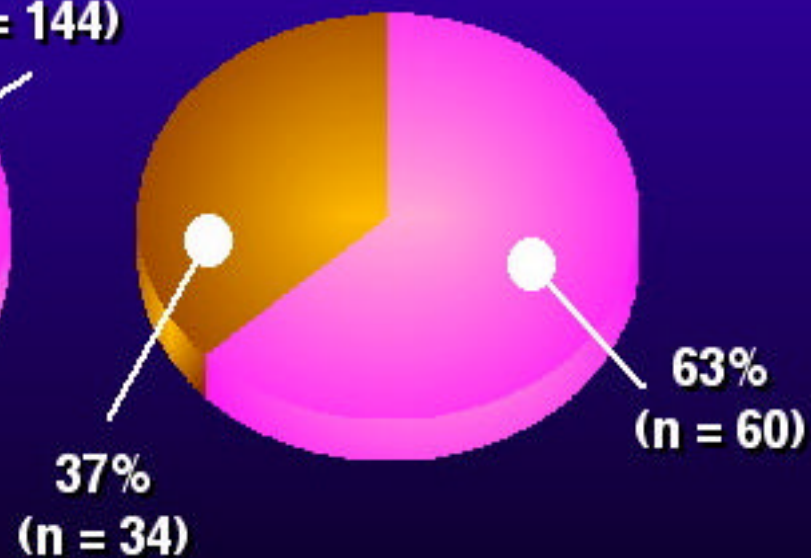
 No Treatment  Treatment

Abstinence vs. NonAbstinence

National Survey
(N = 446)



Ontario Survey
(N = 94)



Abstinence



NonAbstinence

Major Findings From Several Canadian Population Surveys

- **Multiple pathways** to recovery
- **Predominant pathway** to recovery is **self-change**
- Almost all moderate recoveries occurred **without treatment**
- **More females** than males **return to moderate drinking** than abstinence
- **Enduring recoveries:** All > 1 year and 50% > 5 years

Computerized Content Analysis Provided First In-depth Understanding of Self-Change Process

- Cross Cultural Study
 - Canada:** 120 alcohol abusers
 - Canada:** 50 cocaine abusers
 - Switzerland:** 30 alcohol & 30 heroin abusers
- Respondents recruited through ads
- **Intensive interviews:** tape recorded, in person, covered variety of life areas
- Collaterals verified respondents' self-reports
- Respondents' taped interviews **computer content analyzed** for events related to recoveries

Mean Word Counts by Category

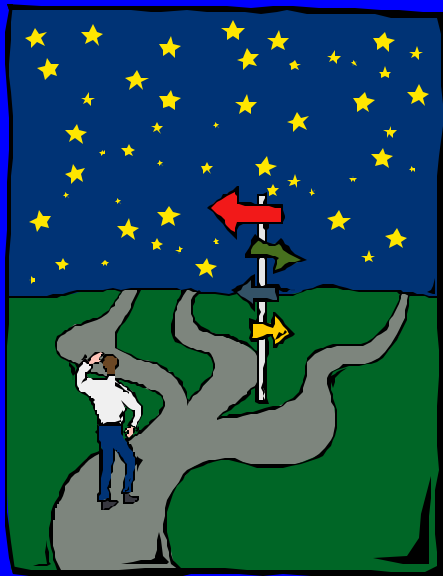
Category	Canada Alcohol	Canada Cocaine	Swiss Alcohol	Swiss Heroin
Cognitive evaluations	19.4	17.8	11.8	10.6
Affect-related	8.0	4.0	9.2	7.9
Behavioral monitor/action	6.3	4.7	7.6	6.6
Time-frame	5.9	3.4	5.7	6.3
Support from others	2.7	2.8	5.1	2.7

Cognitive Evaluation Statements

Suggest Using a Decisional Balance Exercise to Get People in Treatment to Think About Changing

Good Things About Your Behavior

Respondents' perceptions of costs and benefits reached a point where negatives outweighed positives and then scale tipped in favor of change



Not So Good Things About Your Behavior

Decisional Balance Exercise to Increase Motivation to Change

Benefits of Changing

Improved health
Fewer family problems
Increased confidence

Costs of Changing

Not going to bars
Avoid drinking buddies
Need way to relax

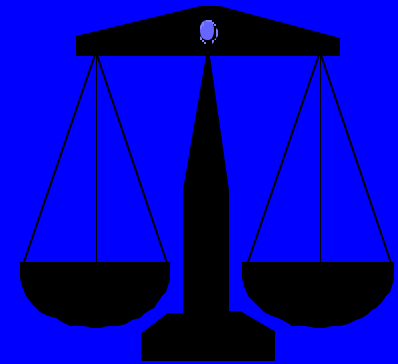
Benefits of Not Changing

Way to relax
Less stressed

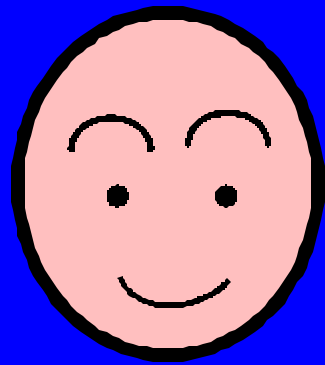
Costs of Not Changing

Financial problems
Spouse might leave

Decisional Balance Exercises Address Ambivalence By.....

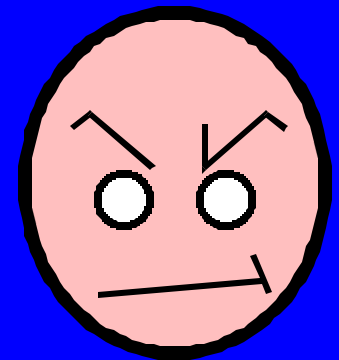
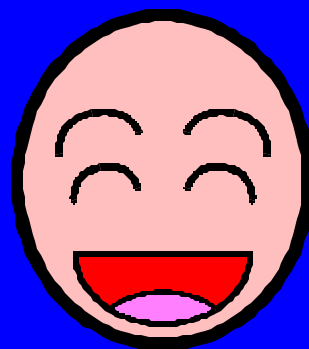
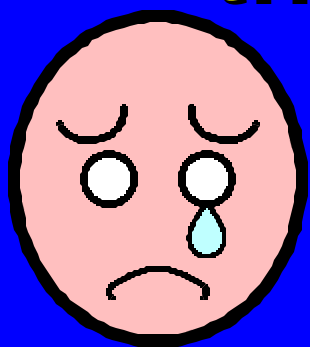


- Evaluating pros and cons of changing in a structured manner
- Examining all aspects of a behavior—good things and less good things; goal to help tip scale in favor of change
- Increasing salience of negatives and positives: clients not always aware of all benefits and costs
- Serving as framework for assessment and discussion for behavior change: use for treatment planning and goal setting



Affect Related Statements

It is not just rationality that
drives the change process,
**rather its the emotional
quality or affective context of
the reasons for change**



Reasons for Quitting Smoking

Emotional Content Differs

Potential
Informational
Threats

Smoking

**causes cancer,
stroke, decreases
life expectancy**



Imminent
Consequential
Threats

Told spot

on lung;

spouse died

of smoking illness

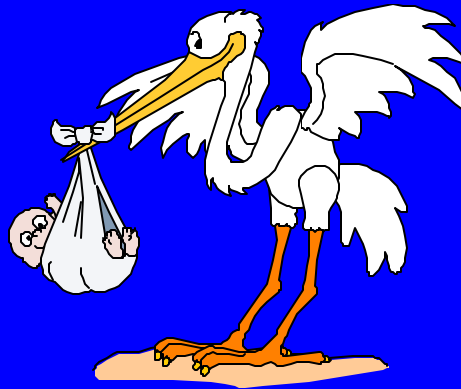


Reasons for Quitting: Emotional Content Differs

**Imminent
Consequential Threat**

**Pregnant =
Not smoking
for baby's
health**

**Not pregnant
= Resumed Smoking**



**Potential
Informational
Threat**



**Not pregnant =
Still Smoking**



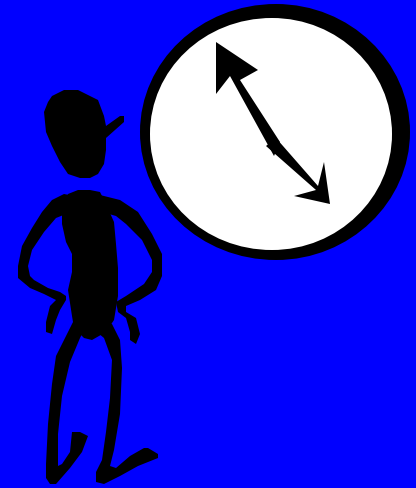
Behavioral Monitoring and Actions Statements

Respondents engaged in a self-regulatory process and gave themselves feedback to enact those changes; **similar to motivational interventions where self-monitoring and advice/feedback are routinely used to help clients evaluate their behavior with the intent of motivating them to change**





Time Frame Statements

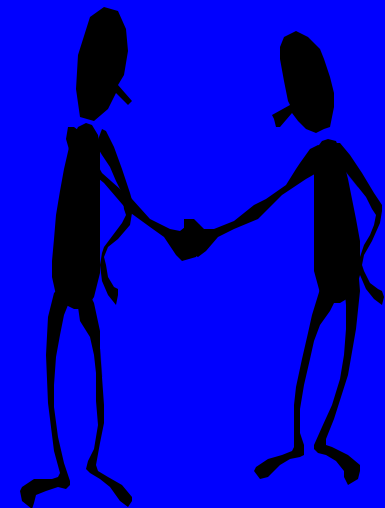


- For many there is a **temporal element to the change process**; while few people reported never thinking about changing, for most, the time interval varied from months to years
- While many reported thinking about changing for some time, it was a **trigger event—the straw that** broke the camel's back (e.g., hospitalization, failed marriage); not unlike what motivates clients to enter treatment

Statements of Support From Others



- **Support from others** reported as important to natural recoveries
- **Parallels treatment studies** where positive outcomes associated with positive social support
- **Clinical implication:** successful interventions need to consider social support for clients



What Have We Learned From Studying the Self-Change Process?

- Changing without formal help or treatment **major route to recovery**
- Better understanding of what drives and maintains change process
- More than half of substance abusers report engaging in a **cognitive appraisal—weighing costs and benefits before changing**
- **Vast numbers alcohol do not enter treatment**, and one overwhelming reason relates to being **labeled “alcoholic**

Taking the Treatment to the People

Many problem drinkers will **not cross the clinic threshold** because they resist being called “**alcoholic**”

Take the treatment to the people—a large scale community intervention to promote self-change was developed and evaluated

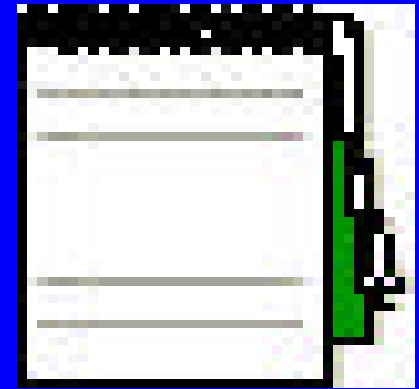


Unwanted Messages

- Evoke resistance
- Produce counter arguments
- When high risk drinkers told they are an “**alcoholic**,” they immediately start thinking of reasons why they are not



Attracting Those Who Do Not Seek Treatment



Use Empirically Crafted Message

- ✓ Used no labels
- ✓ Confidentiality promised
- ✓ Told many people recover on their own
- ✓ Provided an intervention outside of clinical settings

Empirically Crafted Message

A16 THE TORONTO STAR Saturday, May 11, 1996 ★★

THINKING ABOUT CHANGING YOUR DRINKING?

Did you know that 75% of people change their drinking on their own?

CALL US for free materials you can complete at home.

(416) 595-6071

All calls are confidential

Sponsored by the University of Toronto and
the Addiction Research Foundation

Promoting Self-Change: Community Intervention for 825 Problem Drinkers

Randomly Assigned



**Motivational
Enhancement
Personalized Feedback**
Experimental Group

**Bibliotherapy
Drinking
Guidelines**
Control Group



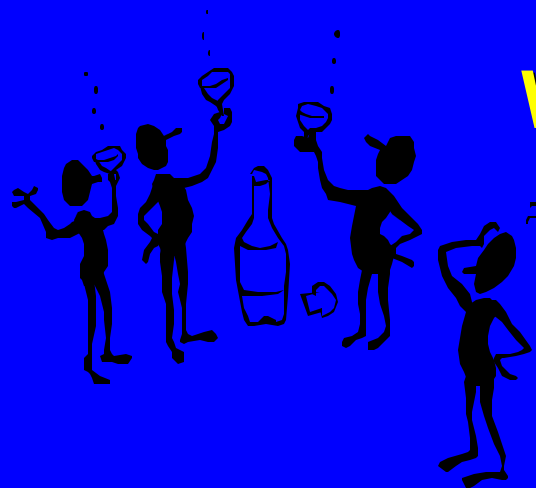
1 year follow-up by mail/phone

Rationale for Personalized Advice Feedback Materials:

**Many Individuals Do Not See Their Substance
Use as Serious Enough to Warrant Changing**

- ✓ **Weekly alcohol and drug use levels**
- ✓ **Health risks**
- ✓ **Problem Severity (e.g.,
AUDIT, DAST)**
- ✓ **Self-confidence profile**
- ✓ **How much is too much?**
- ✓ **What do you do next?**





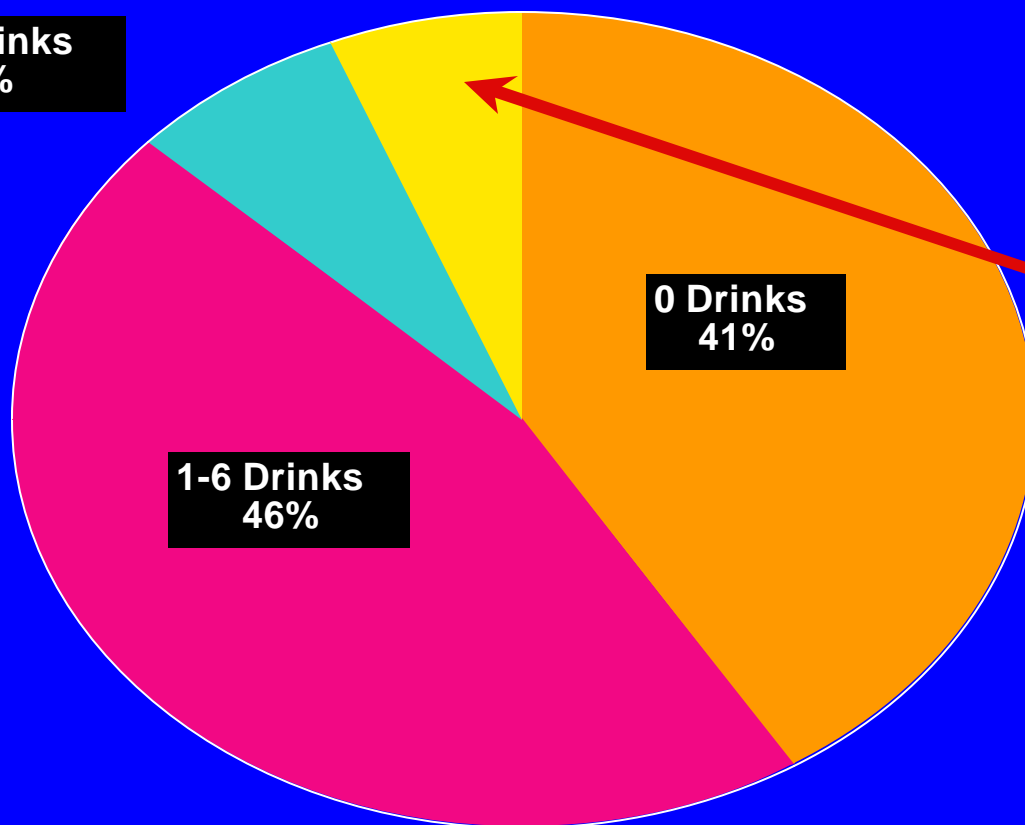
Where Does Your Drinking Fit In?

Personal Feedback for _____

Women

7-16 Drinks
7%

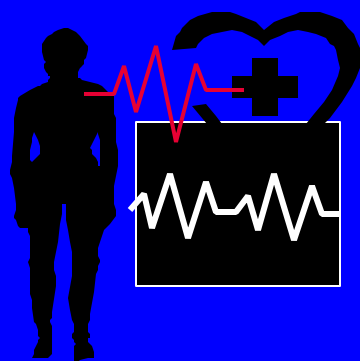
17+ Drinks
6%



0 Drinks
41%

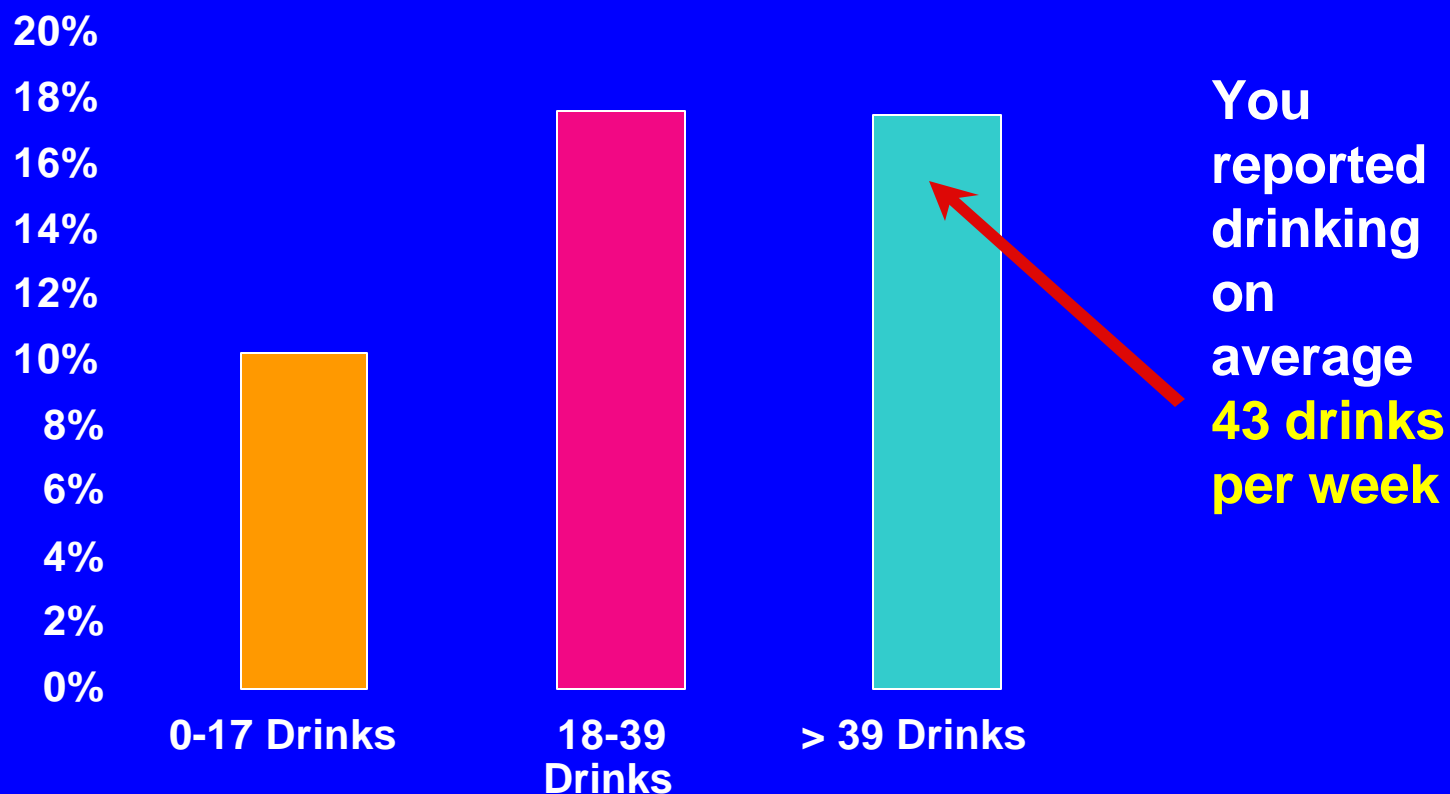
1-6 Drinks
46%

You
reported
drinking
on
average
43 drinks
per week



Where Does Your Drinking Fit In? Personal Feedback for _____

Breast Cancer for Women



Average number of drinks per week

Promoting Self-Change: Community Intervention for 825 Problem Drinkers

Randomly Assigned



**Motivational
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1 year follow-up by mail/phone



Drinkthink

How Much is Too Much?

Risky Drinking Check List

- Do you regularly drink
more than 2 *standard** drinks a day? ☐
- Do you drink every day? ☐
- Do you drink more than 12 drinks
in an average week? ☐
- Do you drink and drive? ☐
- Do you drink when boating, while
swimming, hunting or using power tools? ☐
- Do you drink and are pregnant? ☐
- Do you drink and take medication? ☐
- Do you drink until the effects are obvious? ☐
- Has drinking caused problems for you? ☐

If you checked yes to any question, your drinking may
be affecting your health.

**Standard Drink:*

12 oz. bottle of regular beer (5% alcohol)

5 oz. glass of wine (12% alcohol)

1½ oz. shot of liquor (40% alcohol)



Alcohol and You

Alcohol (ethanol) is a psychoactive drug—its principal effect is on the brain as a depressant. Not all types of alcoholic beverages contain the same amount of alcohol. For example, 12 oz. of regular beer contains about the same amount of alcohol as 5 oz. of table wine, which contains about the same amount as 1 1/2 oz. of 80-proof hard liquor. Although people can drink large quantities of alcohol in short periods of time, alcohol is metabolized and eliminated (used and released) from the body at a slow and fixed rate. For average sized people the rate is about 1 drink per hour. Sometimes it is helpful to think of the body as a funnel: whether you pour in a large or a small amount, it leaves the body at a steady rate. The unused alcohol circulates in the bloodstream and is known as a person's blood alcohol level (BAL). Finally, it is important to know that a woman will typically reach a higher BAL after drinking a given amount of alcohol than will a man of the same body weight.

Promoting Self-Change Study

- **1 year follow-up:** several drinking and non-drinking variables examined
- Random 10% **collaterals interviewed**
- No significant differences between the two interventions; both produced **significant changes in drinking** and related behaviors **1 year pre- to 1-year post intervention**

Both Interventions Changes 1 Year Pre-Post

- **Significant decrease number of drinking days—15% overall reduction**
- **Significant decrease number of drinks per drinking day—18% overall reduction**
- **Significant decrease mean drinks per per week—28% overall reduction**

Little Effort, Little Cost, Big Bang

- Used empirically crafted message to attract individuals who never sought treatment
- Both mail interventions yielded large **significant** pre-post decreases in drinking
- Change achieved **minimal cost** and **minimal effort** — \$50 to \$100 US per participant

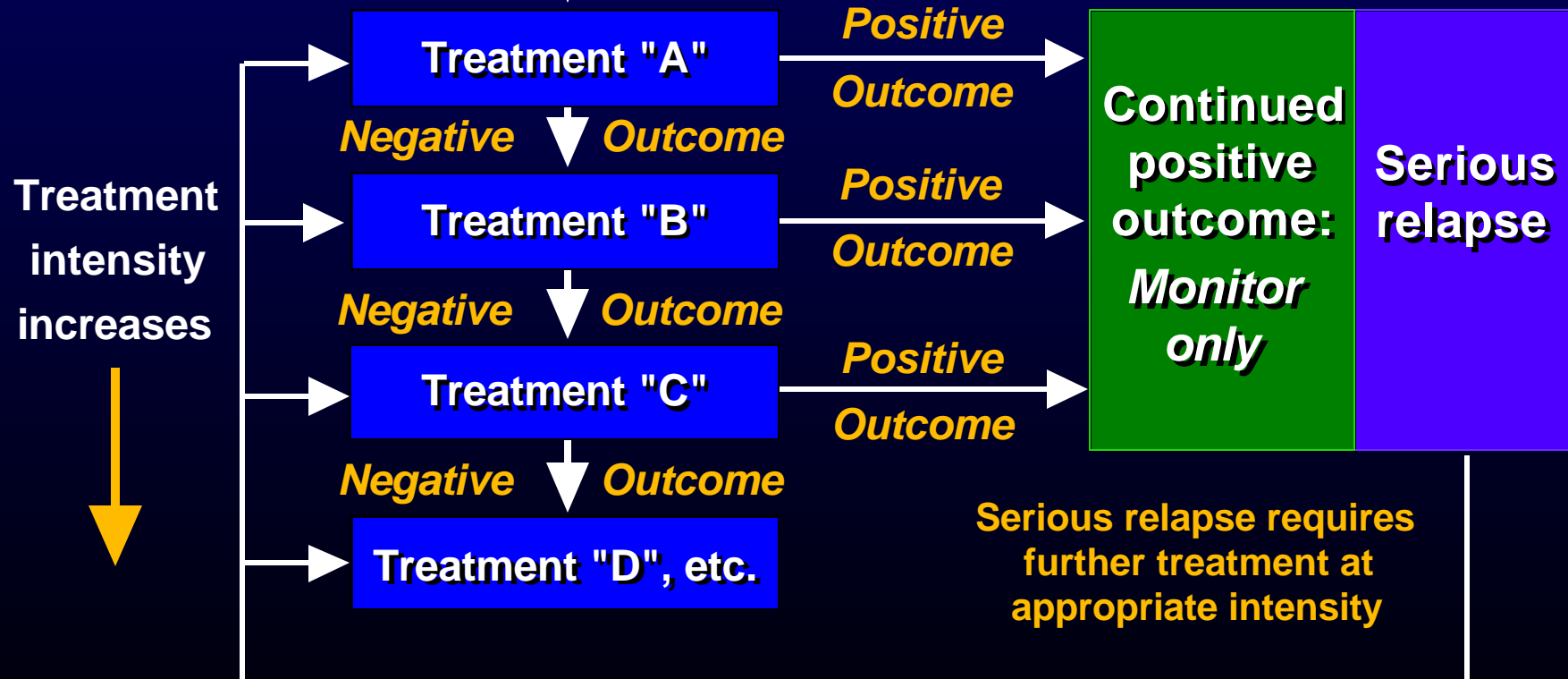
Where Does a Mail Intervention Fit in an Overall System of Health Care?

**Sensible First Step in a
Stepped Care Model of
Treatment**

STEPPED CARE

Population newly entering treatment

Matched to treatment
based on research and
clinical judgment



Stepped Care Model Suggests in many cases 1st step will be self-change; logical next step is a brief intervention as 1st Level of Treatment Is Usually.....



- ✓ **Least restrictive**
- ✓ **Least intrusive**
- ✓ **Least costly**
- ✓ **Likely to have a good outcome**
- ✓ **Has consumer appeal**

What is the Value of this Mail Intervention?

- From harm reduction perspective, looking at **incremental improvements**
- Context of a stepped care model, intervention is **consistent with efficient approach to health care**
- When intervention does not work, care can be stepped up; **28% participants followed up reported stepping up their own care**; sought treatment/help after receiving mail intervention
- Similar low cost, low effort interventions if widely available could **generate enormous benefits cannot be achieved by current treatments**

Public Policy Implications

- Self-change interventions are consistent with an efficient **approach to public health care** where the first intervention is least restrictive, least intensive, has a reasonable chance of success, and has consumer appeal
- When the intervention does not work, **level of care can be stepped up**

While viewing alcohol and drug problems as a public health problem might appear as a radical shift in thinking, it was recommended by Institute of Medicine over a decade ago

The Time Has Come to Change!
Addiction Field Needs
To Be More Responsive!



How Can the Field Be More Responsive to Individuals Who Won't Seek Treatment?

- **Needs** to meet individuals with substance use problems where they are on **Readiness to Change** continuum
- **Needs more novel approaches** for those with less serious alcohol and drug problem
- **Needs to disseminate such interventions more broadly and in nonspecialty health care settings**
- **Needs** interventions to be more **readily available and flexible** (e.g., offer goal choice)

Overall Summary

- Mail interventions like the one just described can play an important role in assisting self-change process for those who previously never sought treatment
- Such efforts can **impact large numbers** of individuals with alcohol and drug problems and **impact then earlier** than might otherwise have occurred
- Translates into **huge benefits for society**
- **As discussed earlier, this study had several important clinical implications**